## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

9h14222

|  |   | (Column 1)       |                                | (Column 2)           |                  | SMALL ENTITY TYPE |                    | OR   | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|---|------------------|--------------------------------|----------------------|------------------|-------------------|--------------------|--|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |   |                  |                                |                      |                  |                   | RATE               | FEE  | 1                          | RATE                | FEE                    |
| FOR  |   | NUMBER           | FILED                          | NUME                 | BER EXTRA        |                   | BASIC FEE          | 355.00   | OR                         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   | /8 minus 20=     |                                | •                    |                  |                   | X\$ 9=             | <br>   | OR                         | X\$18=              | 9                      |
| INDEPENDENT CLAIM  |   |                  | *                              |                      |                  | X40=              |                    | OR   | X80=                       |                     |                        |
| MULTIPLE DEPENDE   |   | . 🗆              |                                | +135=                |                  | OR                | +270=              | <b>=</b> -                                       |                            |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in  |   |                  |                                |                      | column 2         | ı                 | TOTAL              | <del>                                     </del> | OR                         | TOTAL               |                        |
| CLA  | MENDE                                     | MENDED - PART II |                                |                      |                  | 1                 | · ;                | • b  | OTHER                      | THAN                |                        |
| Manager Contract of the Contra | Column 1)                                 |                  | (Colur                         | mn 2)                | (Column 3)       | _                 | SMALL              | ENTITY   | OR                         | SMALL               | 4 14                   |
|  | CLAIMS<br>REMAINING<br>AFTER<br>MENDMENT  |                  | HIGH<br>NUM<br>PREVIO<br>PAID  | IBER                 | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE                           |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total  | 76,                                       | Minus            | /                              | W                    | = /              |                   | X\$ 9=             |  | OR                         | X\$18=-             | JII.                   |
| Independent +  |   | Minus            | ***                            | Z<br>T CLAIM         |                  |                   | X40=               | r.v.f  | OR                         | 280                 | 84                     |
|  |   |                  |                                |                      |                  |                   |                    |  | OR                         | +270=               | 1. 1.                  |
| BEST AVAILABLE COPY 135=   |   |                  |                                |                      |                  |                   |                    |  | OB                         | TOTAL               | الها أو بي عجر مي      |
| ADDIT. FEE   |   |                  |                                |                      |                  |                   |                    |  | OR                         | ADDIT. FEE          |                        |
|  | CLAIMS                                    |                  | (Colur<br>HIGH                 |                      | (Column 3)       | 1 _               |                    | - 201  |                            | 2 2                 |                        |
|  | REMAINING<br>AFTER<br>MENDMENT            |                  | NUM<br>PREVIO<br>PAID          | IBER<br>OUSLY        | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE                           |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total,   |   | Minus            | **                             |                      | =                |                   | X\$ 9=             |  | OR                         | X\$18=              |                        |
| Independent FIRST PRESENTA   |   | Minus            | ***<br>PENDENT                 | F CL AINA            | =                |                   | X40=               |  | OR                         | X80≐                |                        |
| Malifius Kareschia   | the second of                             |                  | /ENDER.                        | CLAIIVI              |                  | , [               | +135=              | ning.  | OR                         | +270=               | town.                  |
|  |   | 1                |                                | ·                    |                  | L                 | TOTAL<br>ADDIT FEE | ·  | OR                         | TOTAL<br>ADDIT, FEE |                        |
|  | Column 1)                                 | Ext-1            | (Colum                         | mn 2)                | (Column 3)       |                   | **                 | · · · · · · · · · · · · · · · · · · ·            | ·                          |                     | 44.0/1987              |
| AA AA  | CLAIMS<br>REMAINING<br>AFTERA<br>MENDMENT |                  | HIGH<br>NUMI<br>PREVIC<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE                           |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| Total  |   | Minus            | **                             |                      | =                |                   | X\$ 9=             | 10   | OR                         | X\$18=              | 19 19 J. J.            |
| 260  |   | Minus            | ***                            |                      | =                | 1                 | X40=               |  | OR                         | X80=                | 79.6                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |                                |                      |                  |                   |                    |  | Un                         |                     |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |                  |                                |                      |                  |                   | +135=              |  | OR                         | +270=               | ist i i                |
| Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  |   |                  |                                |                      |                  |                   | TOTAL<br>DDIT. FEE |  | OR ,                       | TOTAL<br>ADDIT. FEE |                        |
| The Highest Number,  | reviously Paid                            | For" (Total or   | r Independe                    | ent) is the          | highest numbe    | r four            | nd in the app      | ropriate box                                     | in col                     | umn 1::             |                        |

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